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- 2. Fee Transmittal (1 page)
- 3. Petition for Extension of Time (1 page)
- 4. Amendment ( 5 pages)

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<u> </u>			Application Number	09/897,921				
TRANSMITTAL FORM  (to be used for all correspondence after initial filling)			Filing Date	July 5, 2001				
			First Named Inventor	Kevin S. Walters				
			Art Unit	3671				
			Examiner Name	Hartmann,	Gary S.			
otal Number of Pages	in This Submiss	sion 8	Attorney Docket Number	11331-4				
		ENCLO	SURES (check all that apply)					
Fee Transmittal Form		☐ Drawin	ag(s)	After Allowance Communication to Technology Center (TC)				
Fee Attached		Licens	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences			
Amendment / Rep	oly	Petitlo	n	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)				
After Final			n to Convert to a ional Application	Proprietary Information				
Affidavits/dec	daration(s)		of Attorney, Revocation ge of Correspondence Address	Status Letter				
Extension of Time	e Request	☐ Termi	nal Disclaimer	Other Enclosure(s) (please identify below):				
Express Abandor	nment Request		est for Refund umber of CD(s)					
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Response to Missing Parts under 37 CFR 1.52 or 1.53								
	81	GNATURE OF	APPLICANT, ATTORNEY, C	R AGENT				
Firm or Individual name	Bereskin & Parr Stephen M. Beney Registration No. 41,563							
Signature	3/1	m						
Date	September 17,	2004						
		CERTIFIC	ATE OF TRANSMISSION/MA	ILING				
I hereby certify that Service with sufficie Alexandria, VA 2231	ent postage as	first class mail	csimile transmitted to the USPTC in an envelope addressed to: (	) or deposited Commissioner	with the United States Posta for Patents, P.O. Box 1450			
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Signature				Date				

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for FY 2004	Fiting Date				July 5, 2001				
IOI F 1 ZUU4	First Named Inventor			LOI _	Kevin S. Walters				
Effective 10/01/2003. Patent fees are subject to annual revision.	Examiner Name			Hartma	Hartmann, Gary S.				
Applicant claims small entity status. See 37 CFR 1.27		Art Unit			3671	3671			
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METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)						
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SUBMITTED BY						(Complete (	if applicable))		
Name (Print/Type) Stephen, M. Reney		Regii	stration N ney/Agent)	/O. Z	11,563	Telephone	(416) 364-7	311	
1 All I			HY/ADRIN	·	<u> </u>	Date	September	17, 2004	
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